

Appendix B

**Auxiliary Reactor Area Site Map and
Power Burst Facility Site Map**

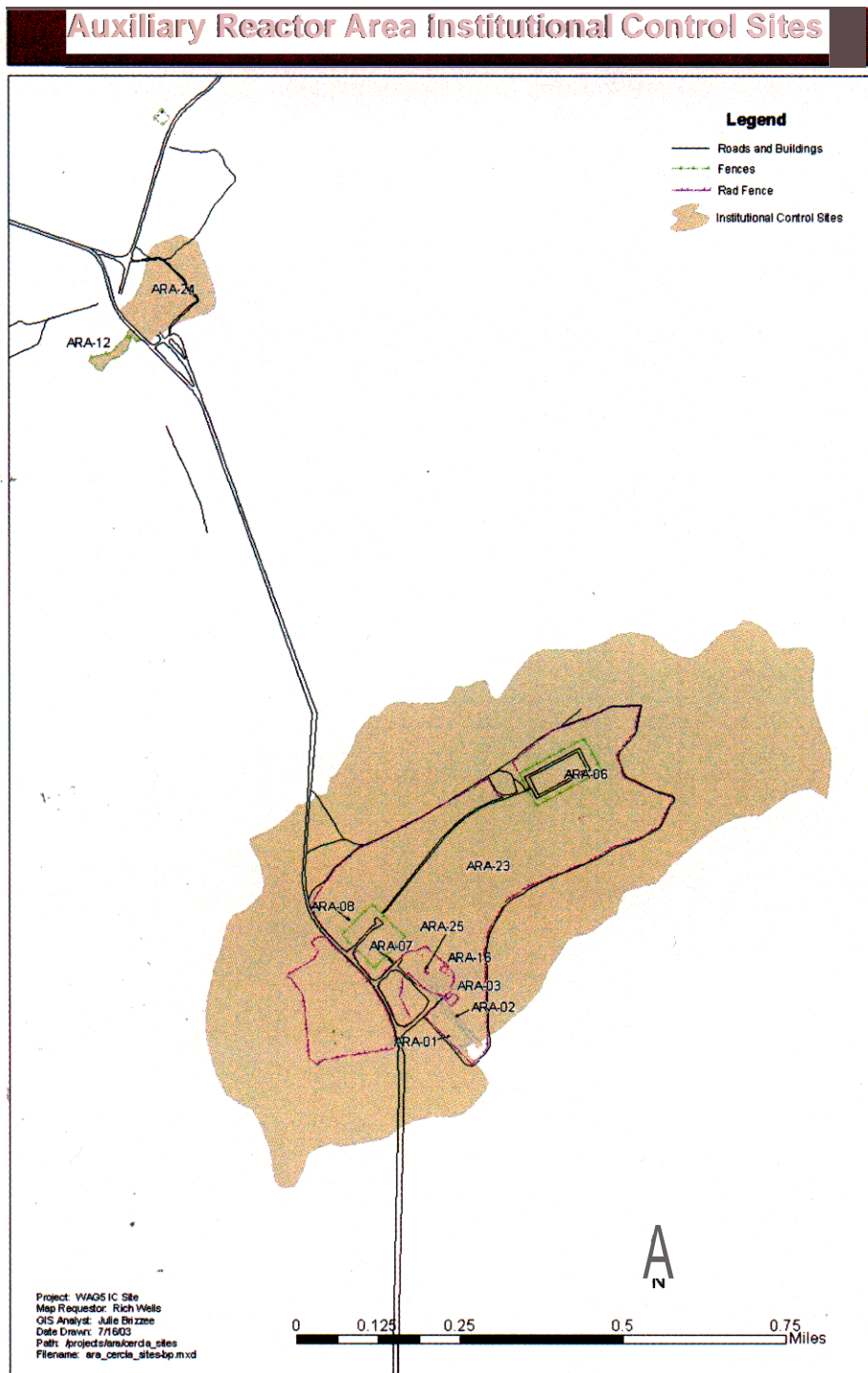


Figure B-1. Map of the Auxiliary Reactor Area for Waste Area Group 5.

Power Burst Facility Institutional Control Sites



Figure B-2. Map of the Power Burst Facility for Waste Area Group 5.

Appendix C

Field Inspection Checklists

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 12,2003

INSPECTOR:

Richard P. Wells	Senior Advisory Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
-------------	--------------	---------------------

1. WASTE SITE ID: ARA-01
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-I Chemical Evaporation Pond
4. ROD LAND USE: Restrict the site to industrial land use until remediation is implemented as prescribed in the ROD, then reevaluate requirements. Land-use controls would not be required after remediation if all contaminated soil is removed to basalt, or if contaminant concentrations are comparable to local background values. Otherwise, institutional controls will be maintained until discontinued, based on the results of a 5-year review.
5. CURRENT LAND USE: Restricted awaiting remediation.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities

Unauthorized Access X

Comprehensive Land Use Plan X

Property Lease or Transfer Restrictions

IDWR Prohibition on Wells

Notice to Affected Stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____X_____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES __X__ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : Remedial design has been completed. Awaiting remedial action to commence in 2003.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? N o n e _____EXPLAIN_____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? __Yes__ EXPLAIN__ CERCLA sign present. _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes _____EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?

____N/A_____

17. ARE FENCES INTACT (if applicable)?

____N/A____EXPLAIN_____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
___N/A___ EXPLAIN _____

19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE
GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if
applicable)? ___N/A___

20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC
RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY
OPERATE UNDER.

___N/A___

21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS
ONLY IN IC RESTRICTION AREA? Y e s___

22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN
APPROVED WORK PERMIT? Y e s___

23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN
RADIOLOGICALLY CONTROLLED AREAS? Y e s___

24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN
PLACE? Y e s___LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF
APPLICABLE)? ___N/A___

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES
HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: ___No deficiencies
noted._____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 12,2003

INSPECTOR:

Richard P. Wells	Senior Advisorv Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
-------------	--------------	---------------------

1. WASTE SITE ID: ARA-02
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-I Sanitary Waste System
4. ROD LAND USE: Restrict the site to industrial land use until remediation is implemented as prescribed in the ROD, then reevaluate requirements. Land-use controls would not be required after remediation if all contaminated sludge is removed to basalt, or if contaminant concentrations are comparable to local background values for soil. Otherwise, institutional controls will be maintained until discontinued, based on the results of a 5-year review.
5. CURRENT LAND USE: No restrictions.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____

Unauthorized Access ____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____X_____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC.: Remedial design and remedial action has been completed. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? ___No___ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___CERCLA sign present._____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes_____EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?

____N/A_____

17. ARE FENCES INTACT (if applicable)?

____N/A_____EXPLAIN_____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
 ___N/A___ EXPLAIN _____
19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if applicable)? ___N/A___
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
 ___N/A___
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IN IC RESTRICTION AREA? Y e s___
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? Y e s___
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? Y e s___
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Y e s___LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___N/A___

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: ___No deficiencies noted._____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 12,2003

INSPECTOR:

Richard P. Wells	Senior Advisory Scientist	31B0
------------------	---------------------------	------

Name

Title

Organization

INSPECTOR:

Name	Title	Organization
-------------	--------------	---------------------

1. WASTE SITE ID: AM-03
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: A M - I Lead Sheeting Pad near AM-627
4. ROD LAND USE: Restrict the site to industrial land use until discontinued, based on the results of a 5-year review.
5. CURRENT LAND USE: Industrial land use, pending 5-year review.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____X_____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities X

Unauthorized Access X

Comprehensive Land Use Plan X

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES X NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: No specific remedial actions planned for this site. The remedial design for the ARA-23 surface contaminated soils has been completed with the remedial action scheduled for 2003. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? No EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? Yes EXPLAIN CERCLA sign present.

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Yes EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? Radiological fencing in place. No locks required.

17. ARE FENCES INTACT (if applicable)? Yes EXPLAIN Radiological fencing in place.

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?

N/A EXPLAIN _____

19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if applicable)? _____ N/A _____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
_____ N/A _____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IN IC RESTRICTION AREA? Y e s _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? Y e s _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? Y e s _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Y e s _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? _____ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No deficiencies noted. _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 3,2003

INSPECTOR:

John Giles	Principal Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
-------------	--------------	---------------------

1. WASTE SITE ID: ARA-06
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-II Stationary Low-Power Reactor No. 1 Burial Ground
4. ROD LAND USE: Maintain land-use controls to inhibit intrusion into the buried waste. Surface contamination will be addressed by the remediation of ARA-23. Institutional controls will be maintained until discontinued, based on the results of a 5-year review. Recommendations for appropriate land-use restrictions will accompany any land transfer.
5. CURRENT LAND USE: Land use restrictions will accompany land transfer.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____X_____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions X _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities X

Unauthorized Access X

Comprehensive Land Use Plan X

Property Lease or Transfer Restrictions X

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES X NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE: IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: The remedial design and remedial action of the OU 5-05 site has been completed. The remedial design for the ARA-23 surface contaminated soils has been completed with the remedial action scheduled for 2003. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? No EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? Yes EXPLAIN CERCLA sign present.

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Yes — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?

Yes

17. ARE FENCES INTACT (if applicable)? Y e s _____ EXPLAIN__ Fencing surrounding the SL-1 burial ground is in place.

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
Yes _____ EXPLAIN Monuments are intact and legible. _____

19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if applicable)? _____ N/A _____

20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.

_____ N/A _____

21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IN IC RESTRICTION AREA? Y e s _____

22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? Y e s _____

23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? Y e s _____

24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Y e s _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? _____ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No deficiencies noted. _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 12,2003

INSPECTOR:

Richard P. Wells	Senior Advisory Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
-------------	--------------	---------------------

1. WASTE SITE ID: ARA-07
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-II Seepage Pit to the east
4. ROD LAND USE: Unrelated surface contamination will be addressed by the remediation of ARA-23. The septic tank will be removed or filled with earthen materials and abandoned in place, in accordance with State of Idaho standards (IDAPA 58.01.03.007.23).
5. CURRENT LAND USE: Industrial land use, pending 5-year review.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities

Unauthorized Access X

Comprehensive Land Use Plan X

Property Lease or Transfer Restrictions

IDWR Prohibition on Wells

Notice to Affected Stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____

Unauthorized Access _____X_____

Comprehensive Land Use Plan _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: Closure of this site has been completed Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? ___No___ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___ CERCLA sign present. _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes _____ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?

____N/A_____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 12,2003

INSPECTOR:

Richard P. Wells	Senior Advisory Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
-------------	--------------	---------------------

1. WASTE SITE ID: ARA-08
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-II Seepage Pit to the west
4. ROD LAND USE: Unrelated surface contamination will be addressed by the remediation of ARA-23. The septic tank will be removed or filled with earthen materials and abandoned in place, in accordance with State of Idaho standards (IDAPA 58.01.03.007.23).
5. CURRENT LAND USE: Industrial land use, pending 5-year review.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities

Unauthorized Access X

Comprehensive Land Use Plan X

Property Lease or Transfer Restrictions

IDWR Prohibition on Wells

Notice to Affected Stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____X_____

Unauthorized Access _____X_____

Comprehensive Land Use Plan _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: Closure of this site has been completed Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? ___No___ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___ CERCLA sign present. _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes _____ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?

____N/A_____

17. ARE FENCES INTACT (if applicable)? ____N/A___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
 ___N/A___ EXPLAIN _____
19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if applicable)? ___N/A_____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
 ___N/A_____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IN IC RESTRICTION AREA? Y e s_____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? Y e s_____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? Y e s_____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Y e s_____LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805
Phase I RA Report for WAG 5	DOE/ID-10954

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___N/A_____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____No deficiencies noted. _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 12,2003

INSPECTOR:

Richard P. Wells	Senior Advisory Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization

1. WASTE SITE ID: ARA-12
2. GROUP NUMBER (if applicable): 2
3. SITE DESCRIPTION: ARA-III Radioactive Waste Leach Pond
4. ROD LAND USE: Restrict the site to industrial land use until remediation is implemented as prescribed in the ROD, then reevaluate requirements. Land-use controls will not be required after remediation if all contaminated soil is removed to basalt, or if contaminant concentrations are comparable to local background values. Otherwise, institutional controls will be maintained until discontinued, based on the results of a 5-year review.
5. CURRENT LAND USE: Restricted awaiting remediation.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____X_____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities X

Unauthorized Access X

Comprehensive Land Use Plan X

Property Lease or Transfer Restrictions

IDWR Prohibition on Wells

Notice to Affected Stakeholders (if applicable)

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES X NO

Provide Map Number(s)

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: Remedial design has been completed
Awaiting remedial action to commence in 2003.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? No EXPLAIN

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? Yes EXPLAIN CERCLA sign present.

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes EXPLAIN

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? Yes—
radiological fencing intact; no locked gates required.

17. ARE FENCES INTACT (if applicable)? X EXPLAIN Radiological fencing is intact.

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
 ___N/A___ EXPLAIN _____
19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if applicable)? ___N/A___
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
 ___N/A___
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IN IC RESTRICTION AREA? Y e s _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? Y e s _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? Y e s _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Y e s _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___N/A___

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: ___No deficiencies noted. _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 12,2003

INSPECTOR:

Richard P. Wells	Senior Advisory Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
-------------	--------------	---------------------

1. WASTE SITE ID: ARA-16
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-I Radionuclide Tank
4. ROD LAND USE: Restrict the site to industrial land use until remediation is implemented as prescribed in the ROD, then reevaluate requirements. Land-use controls would not be required after remediation if all contaminated sludge is removed to basalt, or if contaminant concentrations are comparable to local background values. Otherwise, institutional controls will be maintained until discontinued, based on the results of a 5-year review.
5. CURRENT LAND USE: No restrictions.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____

Unauthorized Access ____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____X_____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: Remedial design and remedial action has been completed. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? ___No___ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___CERCLA sign present._____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes_____EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?

____N/A_____

17. ARE FENCES INTACT (if applicable)?

____N/A_____EXPLAIN_____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
___N/A___ EXPLAIN _____

19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE
GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if
applicable)? ___N/A___

20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC
RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY
OPERATE UNDER.

___N/A___

21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS
ONLY IN IC RESTRICTION AREA? Y e s___

22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN
APPROVED WORK PERMIT? Y e s___

23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN
RADIOLOGICALLY CONTROLLED AREAS? Y e s___

24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN
PLACE? Y e s___ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF
APPLICABLE)? ___N/A___

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES
HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: ___No deficiencies
noted._____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 12,2003

INSPECTOR:

Richard P. Wells	Senior Advisory Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
-------------	--------------	---------------------

1. WASTE SITE ID: ARA-23
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-II Radiologically Contaminated Surface Soils Around ARA-I and ARA-II
4. ROD LAND USE: Restrict the site to industrial land use until remediation is implemented as prescribed in the ROD, then reevaluate requirements. Land-use controls will not be required after remediation if all contaminated soil is removed to basalt, or if contaminant concentrations are comparable to local background values. Otherwise, institutional controls will be maintained until discontinued, based on the results of a 5-year review.
5. CURRENT LAND USE: Restricted awaiting remediation.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____X_____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities X

Unauthorized Access X

Comprehensive Land Use Plan X

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES X NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: Remedial design has been completed
Awaiting remedial action to commence in 2003.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? No EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? Yes EXPLAIN CERCLA sign present. _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Yes — EXPLAIN All avenues of approach have signs posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? Yes — radiological fencing intact; no locked gates required. _____

17. ARE FENCES INTACT (if applicable)? X EXPLAIN Radiological fencing is intact.

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
___N/A___ EXPLAIN _____

19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE
GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if
applicable)? ___YES___

20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC
RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY
OPERATE UNDER.

___N/A___

21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS
ONLY IN IC RESTRICTION AREA? Y e s___

22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN
APPROVED WORK PERMIT? Y e s___

23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN
RADIOLOGICALLY CONTROLLED AREAS? Y e s___

24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN
PLACE? Y e s___LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF
APPLICABLE)? ___N/A___

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES
HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: ___No deficiencies
noted._____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 12,2003

INSPECTOR:

Richard P. Wells	Senior Advisory Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
-------------	--------------	---------------------

1. WASTE SITE ID: ARA-24
2. GROUP NUMBER (if applicable): 2
3. SITE DESCRIPTION: ARA-III Windblown Soil
4. ROD LAND USE: Land use will be restricted to prohibit potential exposure to radiologically contaminated material. Institutional controls will be maintained until discontinued, based on the results of a 5-year review. Recommendations for appropriate land-use restrictions will accompany any land transfer.
5. CURRENT LAND USE: Land use restrictions will accompany land transfer.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities

Unauthorized Access X

Comprehensive Land Use Plan X

Property Lease or Transfer Restrictions X

IDWR Prohibition on Wells

Notice to Affected Stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____ Missing _____

Fencing _____

Control of Activities _____

Unauthorized Access _____ X _____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions X _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? ___No___ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___ CERCLA sign present. _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN Sign prominently posted in center of site.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes _____ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?

___N/A___

17. ARE FENCES INTACT (if applicable)? ___N/A___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
Y E S _____ EXPLAIN N e w monument installed FY 2002. _____
19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE
GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if
applicable)? _____ N/A _____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC
RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY
OPERATE UNDER.

_____ N/A _____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS
ONLY IN IC RESTRICTION AREA? Y e s _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN
APPROVED WORK PERMIT? _____ N/A _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN
RADIOLOGICALLY CONTROLLED AREAS? _____ N/A _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN
PLACE? Y e s _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF
APPLICABLE)? _____ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES
HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No deficiencies
noted. _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 12,2003

INSPECTOR:

Richard P. Wells	Senior Advisory Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
------	-------	--------------

1. WASTE SITE ID: AM-25
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: A M - I Soils Beneath the AM-626 Hot Cells
4. ROD LAND USE: Restrict the site to industrial land use until remediation is implemented as prescribed in the ROD, then reevaluate requirements. Land-use controls will not be required after remediation if all contaminated sludge was removed to basalt, or if contaminant concentrations are comparable to local background values. Otherwise, institutional controls will be maintained until discontinued, based on the results of a 5-year review.
5. CURRENT LAND USE: Land use restrictions will accompany land transfer.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities

Unauthorized Access X

Comprehensive Land Use Plan X

Property Lease or Transfer Restrictions

IDWR Prohibition on Wells

Notice to Affected Stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities X

Unauthorized Access X

Comprehensive Land Use Plan X

Property Lease or Transfer Restrictions X

IDWR Prohibition on Wells

Notice to Affected Stakeholders (if applicable)

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES X NO

Provide Map Number(s)

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: Remedial design and remedial action has been completed. Institutional controls will remain in effect until 5-year review. A monument has been fabricated and will be installed following the remediation of the ARA-23 soils.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? No EXPLAIN

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? Yes EXPLAIN CERCLA sign present

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes EXPLAIN

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?

 N/A

17. ARE FENCES INTACT (if applicable)?

___ N/A ___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?

___ N/A ___ EXPLAIN _____

19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if applicable)? ___ N/A ___

20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.

___ N/A _____

21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IN IC RESTRICTION AREA? Y e s ___

22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? Y e s ___

23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? Y e s ___

24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Y e s ___ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___ N/A ___

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: ___ No deficiencies noted. _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? ___No___ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___CERCLA sign present._____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes_____EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? Y e s — P B F facility fence with gated access._____

17. ARE FENCES INTACT (if applicable)? ___Yes___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
Y E S _____ EXPLAIN N e w monument installed FY 2002. _____
19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE
GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if
applicable)? _____ N/A _____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC
RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY
OPERATE UNDER.

_____ N/A _____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS
ONLY IN IC RESTRICTION AREA? Y e s _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN
APPROVED WORK PERMIT? _____ N/A _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN
RADIOLOGICALLY CONTROLLED AREAS? _____ N/A _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN
PLACE? Y e s _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF
APPLICABLE)? _____ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES
HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No deficiencies
noted. _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? ___No___ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___CERCLA sign present._____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes_____EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? Y e s — P B F facility fence with gated access._____

17. ARE FENCES INTACT (if applicable)? ___Yes___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
Y E S _____ EXPLAIN _____
19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE
GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if
applicable)? _____ N/A _____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC
RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY
OPERATE UNDER.

_____ N/A _____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS
ONLY IN IC RESTRICTION AREA? Y e s _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN
APPROVED WORK PERMIT? _____ N/A _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN
RADIOLOGICALLY CONTROLLED AREAS? _____ N/A _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN
PLACE? Y e s _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF
APPLICABLE)? _____ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES
HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No deficiencies
noted. _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 12,2003

INSPECTOR:

Richard P. Wells	Senior Advisory Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
------	-------	--------------

1. WASTE SITE ID: PBF-13
2. GROUP NUMBER (if applicable): 3
3. SITE DESCRIPTION: PBF Reactor Area Rubble Pit
4. ROD LAND USE: Control land use to prohibit potential exposure to friable asbestos. Augment the existing institutional controls with signs and maintenance of the existing cover. Periodic inspections also will be defined in the WAG 5 institutional control plan. Institutional controls will be maintained until discontinued, based on the results of a 5-year review. Recommendations for appropriate land-use restrictions will accompany any land transfer.
5. CURRENT LAND USE: Land use restrictions will accompany land transfer.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities

Unauthorized Access X

Comprehensive Land Use Plan X

Property Lease or Transfer Restrictions

IDWR Prohibition on Wells

Notice to Affected Stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? ___No___ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___ CERCLA sign present. _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes _____ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? Y e s — P B F facility fence with gated access. _____

17. ARE FENCES INTACT (if applicable)? ___Yes___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
Y E S _____ EXPLAIN N e w monument installed FY 2002. _____
19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE
GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if
applicable)? _____ N/A _____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC
RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY
OPERATE UNDER.

_____ N/A _____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS
ONLY IN IC RESTRICTION AREA? Y e s _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN
APPROVED WORK PERMIT? _____ N/A _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN
RADIOLOGICALLY CONTROLLED AREAS? _____ N/A _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN
PLACE? Y e s _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF
APPLICABLE)? _____ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES
HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No deficiencies
noted. _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? ___No___ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___ CERCLA sign present. _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes _____ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? Y e s — P B F facility fence with gated access. _____

17. ARE FENCES INTACT (if applicable)? ___Yes___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
Y E S _____ EXPLAIN _____
19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE
GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if
applicable)? _____ N/A _____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC
RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY
OPERATE UNDER.

_____ N/A _____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS
ONLY IN IC RESTRICTION AREA? Y e s _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN
APPROVED WORK PERMIT? _____ N/A _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN
RADIOLOGICALLY CONTROLLED AREAS? _____ N/A _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN
PLACE? Y e s _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF
APPLICABLE)? _____ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES
HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No deficiencies
noted. _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? ___No___ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___CERCLA sign present._____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes_____EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? Y e s — P B F facility fence with gated access._____

17. ARE FENCES INTACT (if applicable)? ___Yes___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
 ___N/A___ EXPLAIN _____
19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if applicable)? ___N/A___
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
 ___N/A___
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IN IC RESTRICTION AREA? Y e s _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? ___N/A___
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? ___N/A___
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Y e s _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___N/A___

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: ___No deficiencies noted. _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: June 12,2003

INSPECTOR:

Richard P. Wells	Senior Advisory Scientist	31B0
------------------	---------------------------	------

Name	Title	Organization
-------------	--------------	---------------------

INSPECTOR:

Name	Title	Organization
-------------	--------------	---------------------

1. WASTE SITE ID: PBF-26
2. GROUP NUMBER (if applicable): 6
3. SITE DESCRIPTION: PBF SPERT-IV Lake
4. ROD LAND USE: Restrict the site to industrial land use until discontinued, based on the results of a 5-year review.
5. CURRENT LAND USE: Industrial land use, pending 5-year review.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized Access _____X_____

Comprehensive Land Use Plan X _____

Property Lease or Transfer Restrictions _____

IDWR Prohibition on Wells _____

Notice to Affected Stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

Y E S _____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE; IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. (SEE ATTACHED PHOTO NUMBER LOG.)

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, E.G., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC: No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? ___No___ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___ CERCLA sign present. _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? Y e s — EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

Yes _____ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? Y e s — P B F facility fence with gated access. _____

17. ARE FENCES INTACT (if applicable)? ___Yes___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
 ___N/A___ EXPLAIN _____
19. ARE MONITORING WELLS (IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT [DOE-ID 2000b]) LOCKED (if applicable)? ___N/A___
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
 ___N/A___
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IN IC RESTRICTION AREA? Y e s___
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? ___N/A___
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? ___N/A___
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Y e s___LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, etc.)	NUMBEWTITLE
O&M Plan for OU 5-12	DOE/ID- 10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___N/A___

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: ___No deficiencies noted._____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on file.)

Inspector signature

Date

Inspector signature

Date

SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: See below. GROUP NUMBER: Refer to checklists.

DATE: June 3 and 12, 2003. TIME OF DAY(if applicable): N/A

WEATHER CONDITIONS: Sunny and warm

ROLL NUMBER: N/A – Digital camera FILM TYPE: N/A

NUMBER OF EXPOSURES:

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
PD030208-30.jpg	ARA-01 — SSE	ARA-I Chemical Evaporation Pond
PD030208-31.jpg	ARA-01 — S	ARA-I Chemical Evaporation Pond
PD030208-27.jpg	ARA-02 — SSE	ARA-I Sanitary Waste System
PD030208-28.jpg	ARA-02 — S	ARA-I Sanitary Waste System
PD030208-23.jpg	ARA-03 — NE	ARA-I Lead Sheeting Pad near ARA-627
PD030208-24.jpg	ARA-03 — NE	ARA-I Lead Sheeting Pad near ARA-627
PD030195-03.jpg	ARA-06 — NNE	SL-1 Burial Ground
PD030195-06.jpg	ARA-06 — ESE	SL-1 Burial Ground
PD030208-19.jpg	ARA-07 — N	ARA-II Seepage Pit to the east
PD030208-20.jpg	ARA-07 — NW	ARA-II Seepage Pit to the east
PD030208-21.jpg	ARA-08 — E	ARA-II Seepage Pit to the west
PD030208-22.jpg	ARA-08 — E	ARA-II Seepage Pit to the west
PD030208-15.jpg	ARA-12 — SW	ARA-III Radioactive Waste Leach Pond
PD030208-16.jpg	ARA-12 — SSW	ARA-III Radioactive Waste Leach Pond
PD030208-29.jpg	ARA-16 — NE	ARA-I Radionuclide Tank
PD030208-32.jpg	ARA-23 — WNW	ARA-II Radiologically Contaminated Surface Soils
PD030208-33.jpg	ARA-23 — E	ARA-II Radiologically Contaminated Surface Soils
PD030208-34.jpg	ARA-23 — SW	ARA-II Radiologically Contaminated Surface Soils
PD030208-35.jpg	ARA-23 — NW	ARA-II Radiologically Contaminated Surface Soils

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
PD030208-36.jpg	ARA-23 — S	ARA-II Radiologically Contaminated Surface Soils
PD030208-17.jpg	ARA-24 — NE	ARA-III Windblown Soil
PD030208-18.jpg	ARA-24 — NE	ARA-III Windblown Soil
PD030208-25.jpg	ARA-25 — NE	ARA-I Soil beneath the ARA-626 Hot Cells
PD030208-26.jpg	ARA-25 — NNE	ARA-I Soil beneath the ARA-626 Hot Cells
PD030208-04.jpg	PBF-10 — NE	PBF Reactor Area Evaporation Pond (PBF-733)
PD030208-05.jpg	PBF-10 — ENE	PBF Reactor Area Evaporation Pond (PBF-733)
PD030208-06.jpg	PBF-12 — SW	PBF SPERT-I Leach Pond
PD030208-07.jpg	PBF-12 — SW	PBF SPERT-I Leach Pond
PD030208-01.jpg	PBF-13 — ENE	PBF Reactor Area Rubble Pit
PD030208-02.jpg	PBF-13 — NNE	PBF Reactor Area Rubble Pit
PD030208-03.jpg	PBF-13 — N	PBF Reactor Area Rubble Pit
PD030208-08.jpg	PBF-21 — SSE	PBF SPERT-III Large Leach Pond
PD030208-09.jpg	PBF-21 — S	PBF SPERT-III Large Leach Pond
PD030208-10.jpg	PBF-22 — S	PBF SPERT-IV Leach Pond (PBF-758)
PD030208-11.jpg	PBF-22 — SW	PBF SPERT-IV Leach Pond (PBF-758)
PD030208-12.jpg	PBF-22 — SE	PBF SPERT-IV Leach Pond (PBF-758)
PD030208-13.jpg	PBF-26 — S	PBF SPERT-IV Lake
PD030208-14.jpg	PBF-26 — SSE	PBF SPERT-IV Lake